IDAHO TELEHEALTH COUNCIL

Project Kickoff Meeting July 25, 2014

Meeting Minutes

ATTENDEES:

LOCATION: 450 W State Street, 10th Floor, Boise, ID

Members Present:

Stacey Carson – Telehealth Council Chairman, Vice President, Operations & Registry Services, Idaho Hospital Association

Representative John Rusche

Susan Ault, Director of Care Improvement, Idaho Primary Care Association

Marc Chasin, M.D., System Vice President, CIO, St. Luke's Health System

Melissa Christian, Vice President of Network, Regence BlueShield

Tana Cory, Bureau Chief, Occupational Licenses

Becky diVittorio, Executive Director, OptumHealth

Tom Donovan, Deputy Director, Department of Insurance

Rick Goodwin, MS, MBAH, Assistant Administrator, Eastern Idaho Regional Medical Center

Bill Hazle, M.D., Owner, Stargazers, LLC

Nancy Kerr, RN, M.Ed., CMBE, Executive Director, Idaho Board of Medicine

Linda Mac Vicar, Healthcare Quality Improvement Facilitator, Pacific Source

Casey Meza, Executive Director, Affiliated Health Services, Kootenai Health

Michael Meza, M.D., Telemedicine, Shoshone Medical Center in Kellogg

Tracy Sessions, Administrator, Idaho State Hospital South

Mary Sheridan, Health Policy Supervisor, Department of Health and Welfare

Molly Steckel, Policy Director, Idaho Medical Association

Tiffany Whitmore Seibert, Director, Strategy and Planning, St. Alphonsus Health System

Matt Wimmer, Bureau Chief, Division of Medicaid, Department of Health and Welfare

Lance Coleman, M.D., Medical Director, Blue Cross of Idaho

Members Absent:

Achini Dingman, M.D., Medical Director, Blue Cross of Idaho

Paul McPherson, M.D., FAAP, Medical Director, CARES, St. Luke's Children's Hospital

Ken Schaecher, M.D., Medical Director, Select Health

David Morledge, Ph.D., CCC-A, DABNM, FASNM, Neurostatus, LLC

DHW Staff Present:

Denise Chuckovich, Deputy Director, Behavioral Health, Medicaid, and Managed Care Services Carla Cerchione, Project Manager, Staff to the Telehealth Council

Kim Thurston, Administrative Assistant

Deputy Attorney General: Peg Dougherty

Teleconference:

Michael Bess, M.D., National Medical Director of Telehealth, OptumHealth

William Ganz, M.D., Idaho Board of Medicine

Guest: Steve Palmer, Grayling

Opening Remarks

Stacey Carson introduced herself as well as Carla Cerchione, Healthcare Transformation Project Manager who is staff to the Telehealth Council. Each Council Appointee introduced them self, shared their experience with Telehealth, and area(s) and opportunities they would like to address through this Council.

Representative John Rusche provided history on the development of House Concurrent Resolution 46 and described the vital role of the Telehealth Council in Telehealth. Representative Rusche described his vision for the Council.

Discussion Items:

1. Project plan

- ❖ Council charter and overview: The Telehealth Taskforce and the Telehealth Council are not affiliated. The Taskforce is a membership-based collaborative focused on education, outreach and partnerships concerning telehealth. The Council is convened by the IDHW as directed by HCR46 to create standards, policies, rules and procedures for the use of telehealth in Idaho.
 - The Telehealth Council's role is advisory. They will make recommendations to coordinate and develop a comprehensive set of standards, policies, rules and procedures for the use telehealth and telemedicine in Idaho.
- Open Meeting Law
 - Peg Dougherty, Deputy Attorney General, discussed the logistics of the Open Meeting Law providing guidelines and rules that need to be adhered to by the Council Appointees. The Telehealth Council was created by legislative act (House Concurrent Resolution No. 46, 2014). The Council is charged with coordinating and developing a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho.
 - o Idaho policy is the public's business should be done in public.
 - If conversations move into areas that may have a future need for a vote this needs to be done in public.
 - Executive Session is the only meeting that is not open to the public and requires a statutory reason as to why it is not public.
 - Meeting notices need to be posted no less than 5 calendar days prior to the meeting. Regular meetings can be posted annually.
 - o If an agenda needs to be changed within the 48 hour time frame before the meeting, an amendment to the agenda is required. Less than 48 hours prior but before meeting has started post new agenda and making and passing a motion at the meeting to amend the original agenda and stating the good faith reason the new items were not included in the original or why deletions were made.
- ❖ Discuss milestones, schedule, and deliverables
 - At the end of the meeting, future meeting dates, topics of focus and milestones will be identified.
- Ground rules and plan for conducting business
 - Create a running list of frequently asked questions. This enables consistent answers.
 Members agree on answers.
 - Each organization will have one seat at the table and one vote. In the event both

primary and secondary representatives for an organization attend the meeting, the primary representative will have a seat at the table and will be able to vote. In the absence of the primary representative, the secondary representative will be able to vote. Each organization will be allowed one vote.

- Communication plan (internal and external)
 - Creation of frequently asked questions
 - o This document will be kept current by the communications committee
 - Bi-directional communication
 - Creation of website
- Keys to project success
 - Provide advance notice that a vote will be taking place allowing Appointees to be adequately prepared
 - List action items on the agenda Open Meeting Law also applies to some of the Council Appointees and the organizations they represent
 - Communication
 - Allow for feedback from constituents
 - Council is represented by 24 individuals or organizations. Council members can/should communicate with constituents – bi-directional communication
 - Be transparent when talking to constituents
 - o Consistent communication
 - Future agenda item discuss communication tools/strategies
 - Invite Subject Matter Experts (SME) to present at future meetings
 - The patient is the priority keep the patient first
 - Development of subcommittees
 - Create communication subcommittee

2. Other Idaho Initiatives That May be Supported by Telehealth and How Strategies Align:

- Denise Chuckovich, DHW Deputy Director, provided an overview of the State Healthcare Innovation Plan (SHIP) and Model Test Proposal (MTP). Idaho will test a statewide model to transform the healthcare delivery system. In doing so, Idaho will demonstrate that the State's entire healthcare system can be transformed through effective care coordination between PCMHs and integrated Medical Neighborhoods of specialists, hospitals, behavioral health professionals, long term care providers, and other ancillary care services. Idaho's proposed Model Test will achieve the Triple Aim of improved health, improved healthcare, and lower costs for Idahoans.
 - The newly formed Telehealth Council will advise the Idaho Healthcare Coalition (IHC) on issues related to telehealth and development of related resources.
- ❖ Time Sensitive Emergencies (TSE), Long Term Care (LTC), mental/behavioral health, etc. Discussion of what areas may be supported by Telehealth. Members suggestions are listed below and are not listed in any specific order:
 - Regional initiatives
 - Movement towards an education environment with school counselors and use of Telehealth
 - Correctional facilities and county jails
 - Help to facilitate care, issue of long term care.
 - Nursing Homes, Residential Facilities, Certified Family Homes, foster homes, suicidal and behavioral health emergencies:
 - o Identify the stakeholders

- Define how to provide assistance to stakeholders
- Biometric monitoring and Electronic Medical Records (EMR)
- Global health M Health

3. Inventory:

- Discuss resources that may be helpful to the Council's work
 - "Links resource page" included in meeting folder
 - Glossary of terms included in meeting folder
 - Create Idaho Telehealth Council website
 - Document library housed on the website
- Definitions- standardize terminology
 - Review terminology that has already been developed and determine what can be used prior to creating new definitions.

4. Exercise: Developing Key Principles:

- The Council developed a list of values (these are in no particular order)
 - Standards regulations and best practices exist together
 - Patient privacy patient consent
 - Patient Centered Medical Home (PCMH)
 - Physician/patient relationship continuity of care, integrate care with local physicians in area when telehealth care is administered
 - Choices how care is delivered
 - Patient safety
 - Enhancing safety and access meeting people where they are
 - Realistic and responsible can we enforce this guideline
 - Define scope
 - Quality care
 - Cost effective
 - o Evidence based
 - Transparency

5. Wrap Up:

- Review and confirm action items/next steps
 - Monthly meetings will be the 2nd Friday of each month from 9:30 2:00 p.m.
 - 0 09/12/14, 10/10/14, 11/14/14, 12/12/14
 - Future agenda topics include (these are in no particular order)
 - Definitions and terminology
 - Survey monkey
 - First survey to identify priority areas
 - Second survey to prioritize priority areas
 - Presentation the state of telehealth nationally
 - Overview of ICF document
 - "Background Review of Policies, Enablers, and Barriers to Telehealth for Idaho"
 - Attorney from the Board of Medicine
 - Presentations from other boards
 - IT presentations
 - Define priorities, review other states' programs, select state model and portions of their

program to replicate

- What policies exist in other states
- o Utilize other state resources and policies
- Review Federal Smart Guidelines best practice
- Send links and resources to Carla Cerchione Cerchionec@dhw.idaho.gov

There being no further business Chairman Carson adjourned the meeting at 4:30 p.m.